

BREVARD COUNTY SHERIFF'S OFFICE
MISSING JUVENILE OR MISSING / ENDANGERED ADULT AFFIDAVIT

(Attach Recent Photograph of Missing Person to Affidavit) *Entered #118*

INTERVIEWING DEPUTY AGENT <i>Dep Bruce Dowdy</i>	DATE <i>1/17/07</i>	TIME <i>1150</i>	LOCATION <i>3324 VIRGINIA DR TITUSVILLE FL 32796</i>	CASE REPORT # <i>07-016239</i>
NAME (LAST, FIRST, MIDDLE) <i>MIGDALSKI, LEON R</i>	RACE / GENDER <i>W/M</i>	DATE OF BIRTH <i>3-17-39</i>	TELEPHONE (HOME) <i>267-1008</i>	(WORK) <i>698-3661</i>
HOME ADDRESS <i>3040 LAS PALMAS DR TITUSVILLE FL 32780</i>		WORK ADDRESS <i>RETIRED</i>		

Before me, the undersigned authority, this day personally appeared, LEON R MIGDALSKI, who first being duly sworn, and placed under oath, deposes and swears as follows:
On the 17 day of JANUARY, 2007, the person described below was discovered missing. The aforesaid complainant is the GRAND FATHER of the following
(Relationship, ie., Mother, Father, etc.)

Missing Juvenile or Missing / Endangered Adult (Circle the appropriate one):

NAME (Last, First, Middle) <i>CARMAN, SHERRI LYNN</i>	RACE / SEX <i>W/F</i>	AGE <i>29</i>	DOB <i>4-4-77</i>	POB (Include City, County & State) <i>TITUSVILLE, FLORIDA</i>
HOME ADDRESS & PHONE # (If Different Than Above) <i>3324 VIRGINIA DRIVE TITUSVILLE FL 32796</i>		EMPLOYER / WORK ADDRESS & PHONE # <i>NONE</i>		
HGT <i>5'7"</i>	WGT <i>125</i>	EYE COLOR <i>HAZEL</i>	HAIR COLOR & STYLE <i>BLONDE / SHOULDERS STRAIGHT</i>	PHYSICAL DEFECTS, SCARS, BIRTHMARK, TATTOOS <i>SMALL TRIBAL TATTOO ON MID BACK</i>
NICKNAMES(S) <i>MIGDALSKI SHERRI LYNN</i>		DRIVER'S LICENSE STATE & NUMBER <i>FL</i>		SOCIAL SECURITY NUMBER <i>593-54-2147</i>
DATE/TIME/PLACE LAST SEEN <i>01/16/07 @ 1100</i>		LAST SEEN WEARING <i>UNKNOWN</i>		POSSIBLY ENROUTE TO <i>UNKNOWN</i>
MEDICAL or MENTAL PROBLEMS / MEDICATIONS / ATTENDING PHYSICIANS <i>MILD MENTAL</i>				
POSSIBLY IN THE COMPANY OF (Name & Address) <i>MICHAEL SHANE TOWNSEND W/M</i>				
VEHICLE DESCRIPTION (Year, Color, Model, Tag #) <i>2002 CHRYSLER 300M - VAG G805BT 4DR 2C3HE66G82H195862</i>				

V. MISSING / ENDANGERED ADULT

The aforesaid missing adult is believed to be endangered due to the following reason(s):

POSSIBLE CRIME SCENE LOCATED AT THE
RESIDENCE

VI. MISSING JUVENILE

Has the aforesaid Missing Juvenile been reported as a Runaway or Missing Juvenile previously?
(If Yes, When?) NO

I authorize any Law Enforcement Agency to broadcast a bulletin and to pick up and deliver the child to his/her residence or other authorized facility; and/or I will go and pick up the child.

VII. ADDITIONAL COMMENTS

DECAL # 15343552

VIII. SIGNATURE / OATH

I swear (or affirm) I have read this statement and it is true and correct to the best of my knowledge so help me God. YES

Signature of Affiant.

[Signature]

Subscribed and sworn before me, a person authorized by law to administer oaths, this 17 day of JAN, 2007 (year).

Signature of Notary / Law Enforcement Officer in Performance of Official Duties.

[Signature] 26 (DOWDY)

Affiant is: ☐ Personally Known ☐ I.D. Produced: